County: Dodge BEVERLY TERRACE 121 HOSPITAL DRIV

121 HOSPITAL DRIVE			
WATERTOWN 53098 Phone: (920) 261-922	0	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	122	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	128	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	114	Average Daily Census:	114

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	36. 0 46. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5. 3	More Than 4 Years	17. 5
Day Services	No	Mental Illness (Org. /Psy)	9.6	65 - 74	6. 1		
Respite Care	Yes	Mental Illness (Other)	2. 6	75 - 84	29.8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	14. 9	Full-Time Equivale	nt
Congregate Meals	No	Cancer	1.8	ĺ	ĺ	Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	11.4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 0	65 & 0ver	94. 7		
Transportati on	No	Cerebrovascul ar	7. 0			RNs	9. 9
Referral Service	No	Di abetes	4.4	Sex	%	LPNs	6. 8
Other Services	Yes	Respi ratory	4. 4	i	Ì	Nursing Assistants,	
Provi de Day Programming for	j	Other Medical Conditions	44. 7	Male	28. 1	Ai des, & Orderlies	41.6
Mentally Ill	No			Female	71.9		
Provi de Day Programming for	j		100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of 3 All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	17	100.0	326	66	93. 0	105	0	0.0	0	20	76. 9	157	0	0.0	0	0	0.0	0	103	90. 4
Intermedi ate				5	7.0	86	0	0.0	0	6	23. 1	151	0	0.0	0	0	0.0	0	11	9.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100. 0		71	100.0		0	0.0		26	100.0		0	0.0		0	0.0		114	100.0

BEVERLY TERRACE

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions,	Services, a	nd Activities as of 12/	31/01
Deaths During Reporting Period		`					
zenems zuring neperering rerren	ı'		Total				
Percent Admissions from		Activities of	%	% Nee Assista		% Totally	Number of
	44.0		, ,			3	
Private Home/No Home Health	14. 8	Daily Living (ADL)	Independent		wo Staff	1	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	26. 3	68	3. 4	5. 3	114
Other Nursing Homes	1.7	Dressi ng	22. 8	72	2. 8	4. 4	114
Acute Care Hospitals	74.8	Transferring	33. 3	54	l. 4	12. 3	114
Psych. HospMR/DD Facilities	1. 7	Toilet Use	28. 9	65	5. 8	5. 3	114
Rehabilitation Hospitals	3. 5	Eating	62. 3	29	0. 8	7. 9	114
Other Locations	3. 5	***************	*********	******	*********	********	******
Total Number of Admissions	115	Continence		% Spe	cial Treatmer	nts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5.3 R	eceiving Resp	oi ratory Care	2. 6
Private Home/No Home Health	10. 1	Occ/Freq. Incontinent	of Bladder			cheostomy Care	0. 0
Private Home/With Home Health	33. 6	Occ/Freq. Incontinent	of Bowel	23. 7 R	ecei vi ng Suct	i oni ng	0. 0
Other Nursing Homes	5. 0			R	eceiving Osto	omy Care	0. 9
Acute Care Hospitals	10. 9	Mobility		R	eceiving Tube	e Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.8	Physically Restrained		1.8 R	eceiving Mech	nanically Altered Diets	30. 7
Rehabilitation Hospitals	0.0					•	
Other Locations	1. 7	Skin Care		0tł	er Resident (Characteri sti cs	
Deaths	37.8	With Pressure Sores		7. 0 H	lave Advance I	Di recti ves	90. 4
Total Number of Discharges		With Rashes		2.6 Med	li cati ons		
(Including Deaths)	119	ĺ		R	eceiving Psyc	choactive Drugs	49. 1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

********************************** Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 88.7 82. 5 1.08 84. 1 1.06 85.8 1.03 84. 6 1.05 Current Residents from In-County 17.5 74.3 0. 24 79.3 0. 22 69. 4 0.25 77. 0 0. 23 Admissions from In-County, Still Residing 7. 0 19.8 0.35 25. 5 0.27 23. 1 0.30 20.8 0.33 Admissions/Average Daily Census 100.9 148. 2 0.68 110. 2 0.92 105. 6 0.95 128.9 0.78 Discharges/Average Daily Census 104.4 146.6 0.71 110.6 0.94 105.9 0.99 130.0 0.80 Discharges To Private Residence/Average Daily Census 45.6 58. 2 0.78 41.2 1.11 38. 5 1.18 52.8 0.86 Residents Receiving Skilled Care 90.4 92.6 0.98 93.8 0.96 89.9 1.00 85. 3 1.06 Residents Aged 65 and Older 1.01 94. 7 95. 1 1.00 94. 1 93. 3 1.02 87. 5 1.08 Title 19 (Medicaid) Funded Residents 62.3 66.0 0.94 66. 9 0.93 69.9 0.89 68. 7 0.91 Private Pay Funded Residents 22.8 22. 2 1.03 0.99 22.2 22. 0 23. 1 1.03 1.04 Developmentally Disabled Residents 0.0 0.8 0.00 0.6 0.00 0.8 0.00 7. 6 0.00 Mentally Ill Residents 12.3 31.4 0.39 38. 7 0.32 38. 5 0.32 33. 8 0.36 General Medical Service Residents 44.7 23.8 1.88 21.8 2.06 21. 2 2. 11 19. 4 2.30 49.3 Impaired ADL (Mean) 36. 3 46. 9 0.78 48. 4 0.75 46. 4 0.78 0.74 Psychological Problems 49. 1 47. 2 1.04 51.9 0.95 52.6 0.93 51. 9 0.95 Nursing Care Required (Mean) 5. 5 6. 7 0.82 7. 5 0.73 7.4 0.74 7. 3 0.75